

# Family Practitioners' Thresholds for Treating Major Depressive Disorder and Generalized Anxiety Disorder in Lehigh Valley Health Network.

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# Family Practitioners' Thresholds for Treating Major Depressive Disorder and Generalized Anxiety Disorder in Lehigh Valley Health Network

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## Introduction/Background

The American Academy of Family Physicians (AAFP) lists major depressive disorder (MDD) and generalized anxiety disorder (GAD) as among the most common mental health problems addressed by primary care providers (PCPs).<sup>1</sup> Mental health specialists (Psychiatrists and psychologists) are in short supply, requiring PCPs to meet the

needs of patients with mental health disorders.<sup>2</sup> Family Physicians are trained to be able to diagnose and treat patients with MDD and GAD, however the reality is that they are limited by the resources.

### PROBLEM STATEMENT

The project aims to investigate physician thresholds for treating these disorders at LVHN's Family Medicine offices while inquiring about resources and limitations to providing care.

## Methodology

A literature review was conducted on management of psychiatric disease in primary care. A survey was built using Qualtrics, accessed with USF privileges, and was piloted with 5 family physicians from separate practices with backgrounds in research and quality improvement. The survey was then submitted through the IRB Human Subjects Determination for Research and was deemed a Quality Improvement study. The online survey was then released to 90 Family Physicians within the Lehigh Valley Physician Group (LVPG) via e-mail. They were given two weeks to complete the survey, with a one week reminder. Results of the survey were evaluated by three components:

- 1 Use of a Likert scale to determine practice patterns in treating four mood disorders.
- 2 Comparison of averages between helpful resources and available resources.
- 3 Thematic analysis of free responses utilizing a word cloud.

## Results

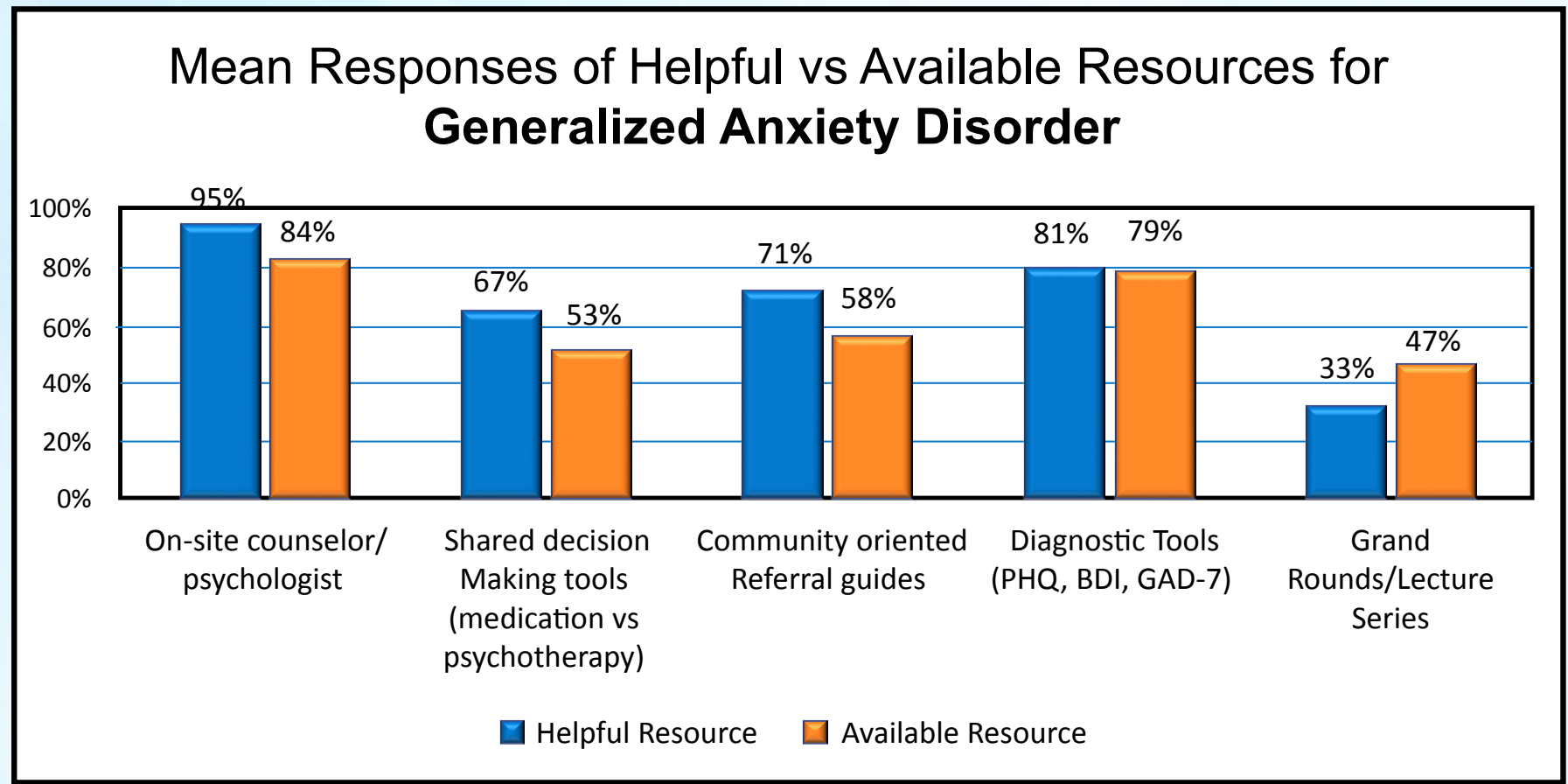
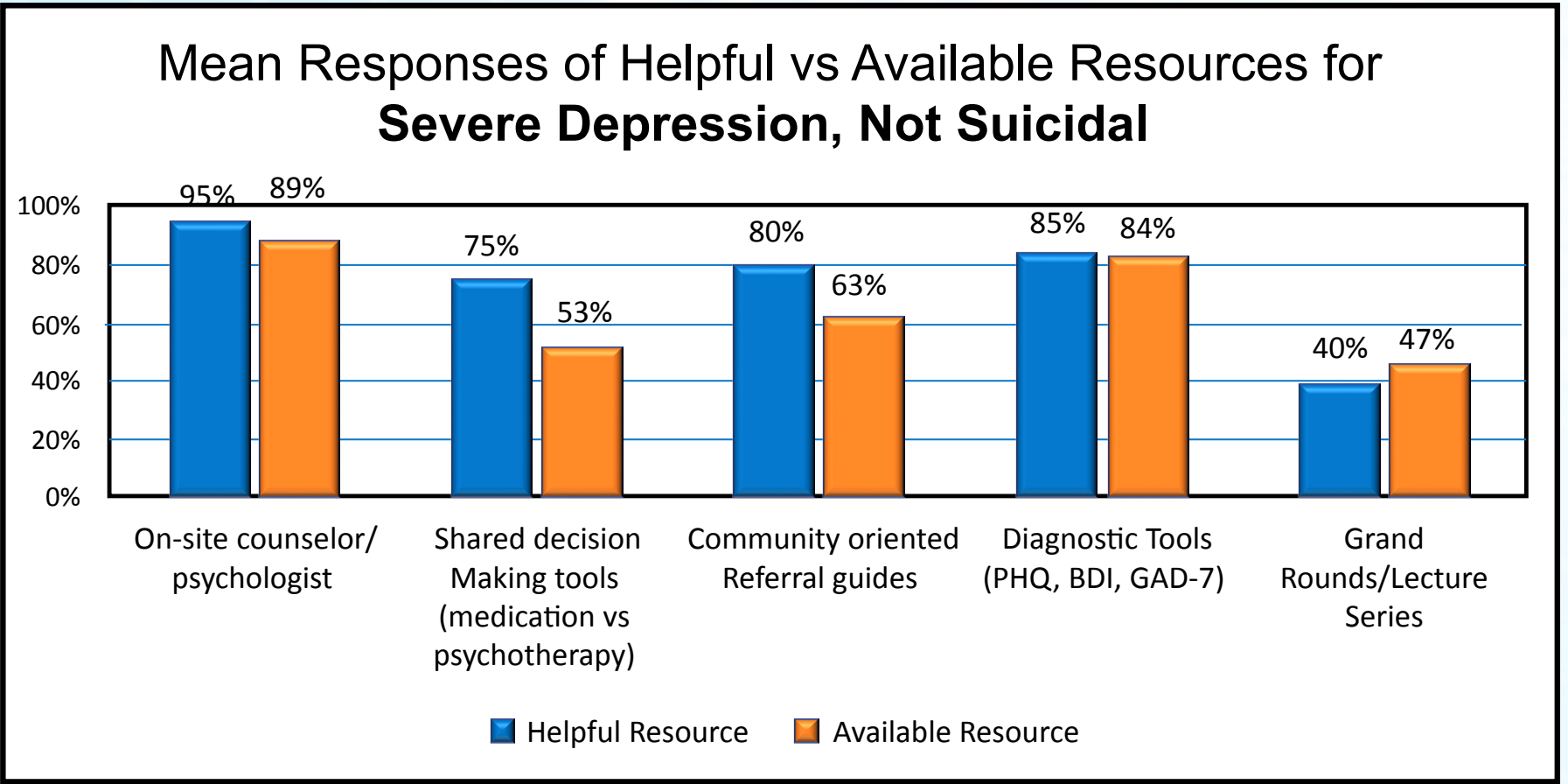
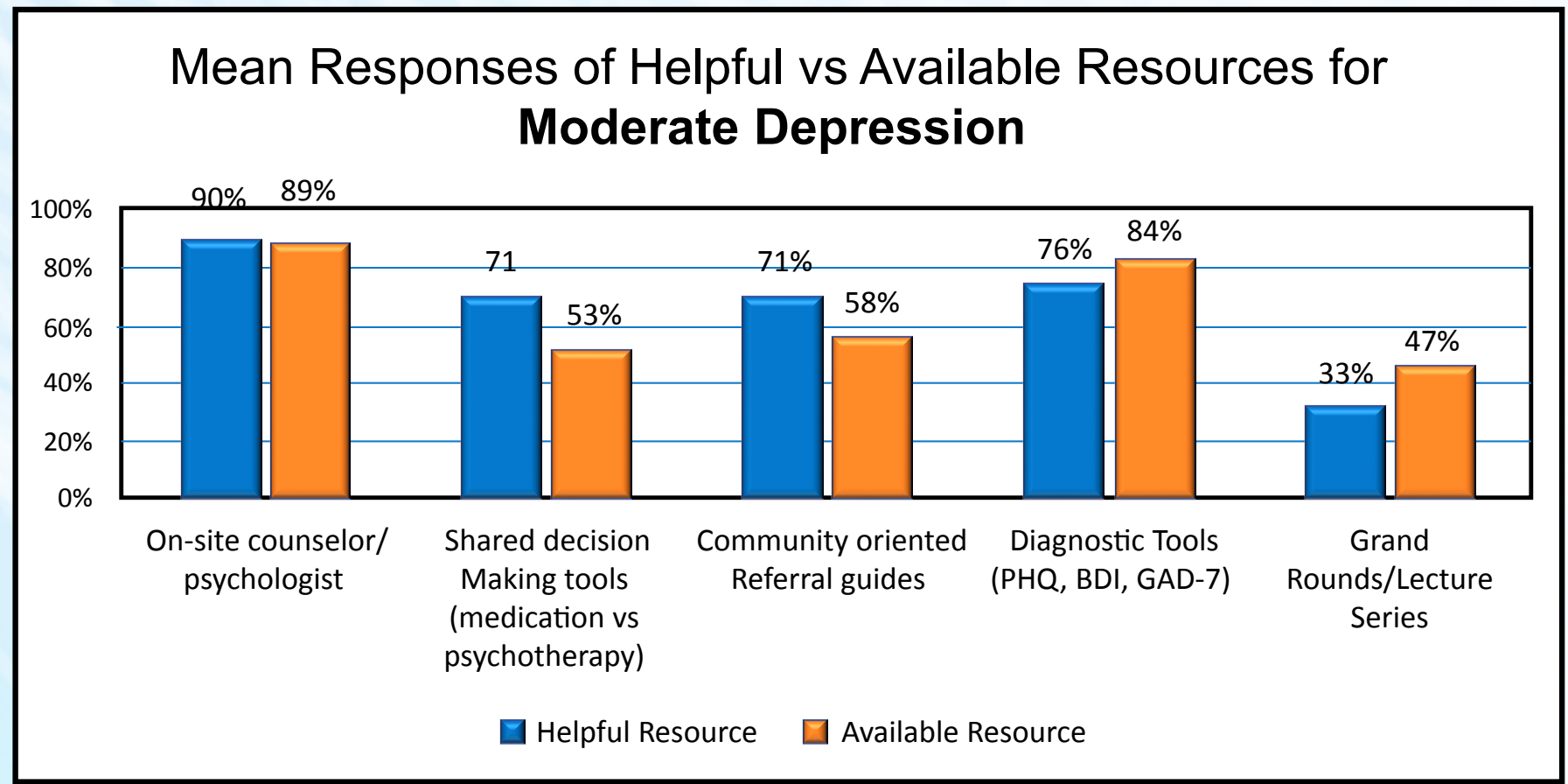
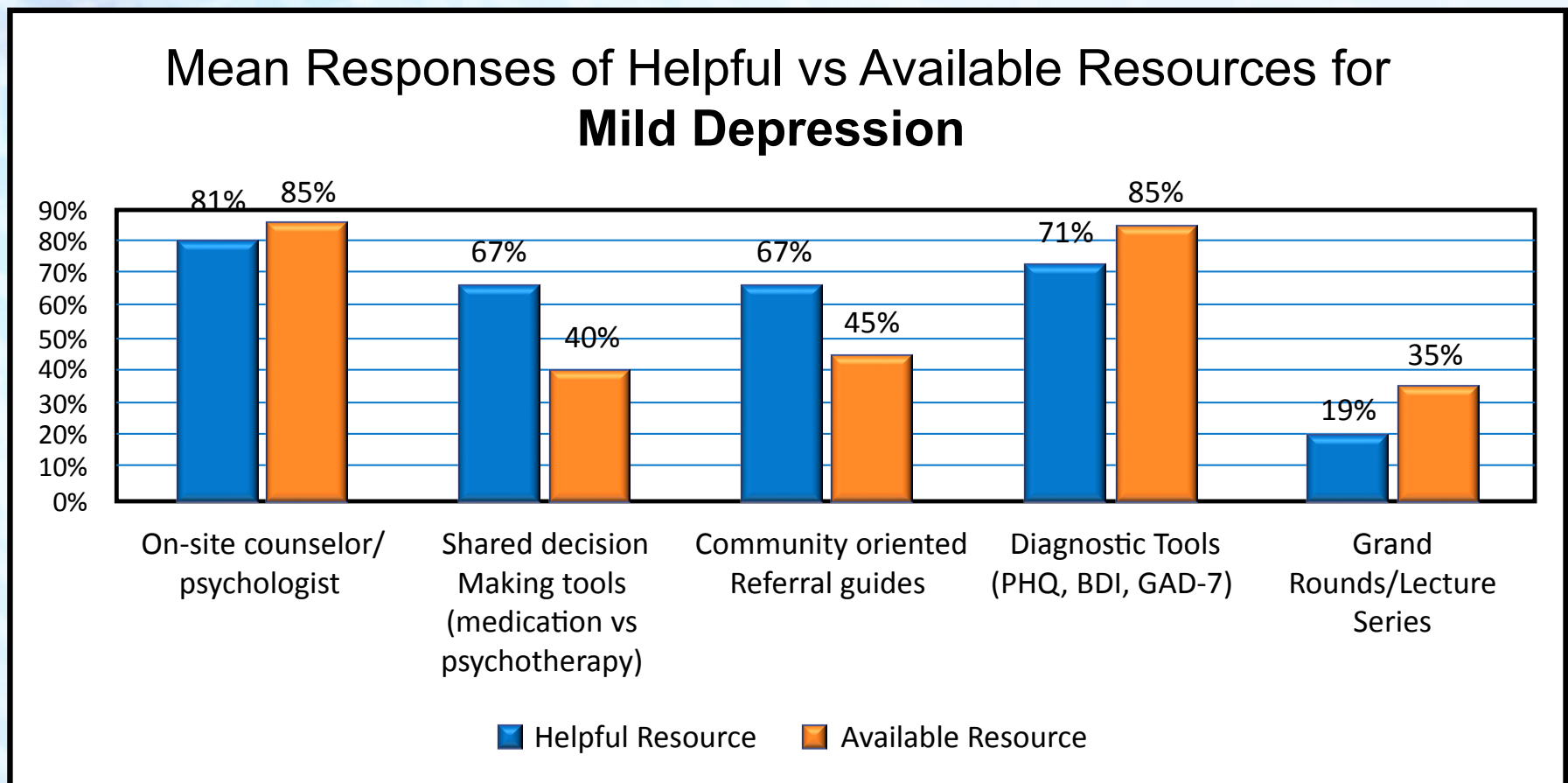
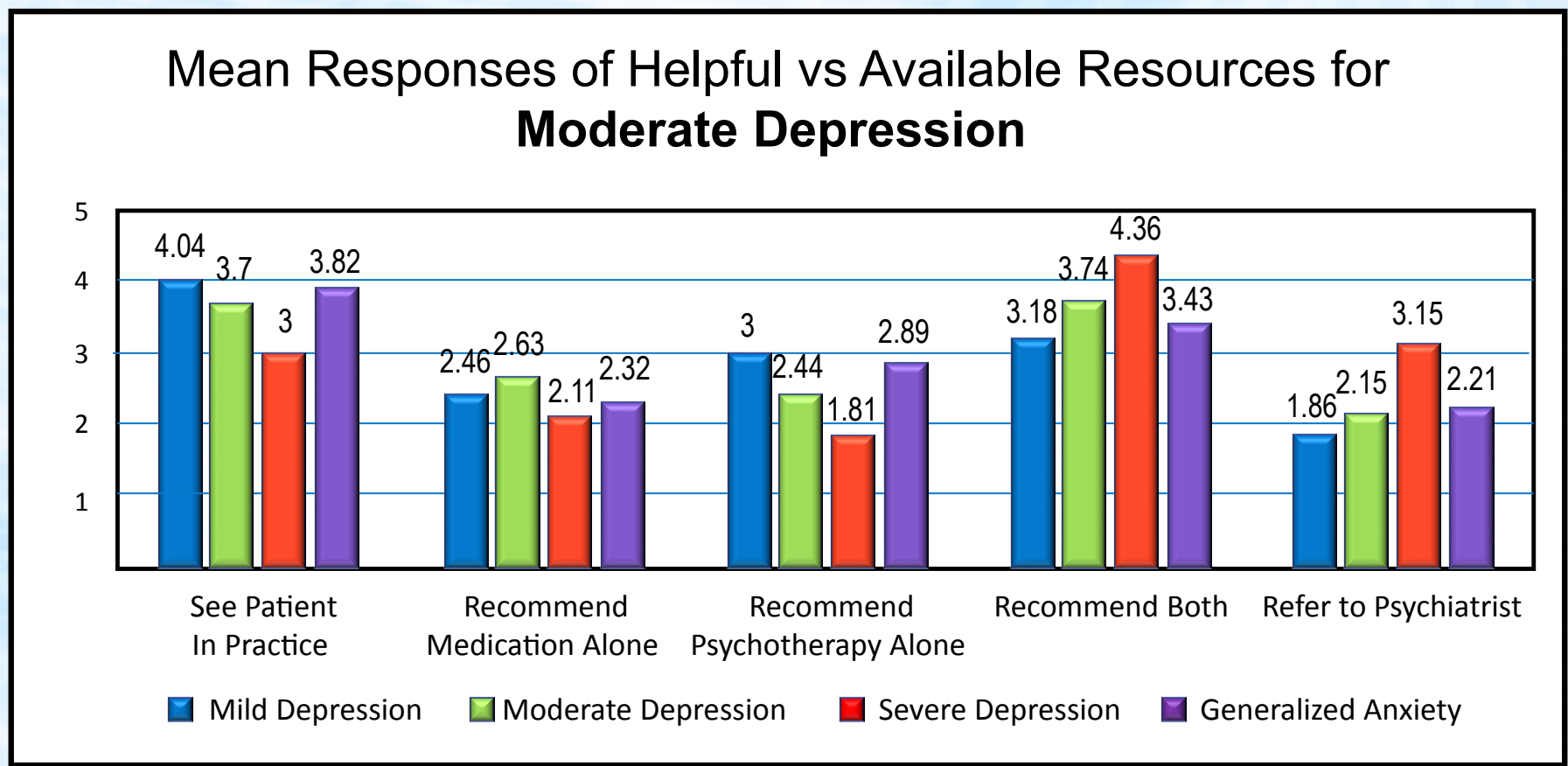
Table 1. Demographics

Degree	n	%
M.D.	19	68%
D.O.	9	32%
Gender		
Male	5	18%
Female	23	82%
Age		
25-40	11	39%
41-65	16	57%
>65 yo	1	4%
Years in Practice after Residency		
0-5	7	25%
6-10	4	14%
11-15	4	14%
16-20	6	21%
21-25	0	0%
>26	7	25%
Practice Population		
Urban	10	36%
Suburban	13	46%
Rural	5	18%



Word Graph

• Survey Participation Rate: 31% (28/90)



## Discussion

- Responses suggest that LVPG Family Physicians are more likely to treat MDD and GAD before they would refer to Psychiatry. Free responses suggest that this may be due to a need for psychiatry and how difficult it is to have patients accepted for mental health services
- On-site behavioral health specialists are perceived as both useful and available. This may suggest limited room for improvement in that area. If anything, the use of those on-site services was only validated further by this study.
- The resources that were identified in the study as lacking were shared decision making tools and community referral guides.

## Conclusions

- LVPG Family Physicians commonly see and treat MDD and GAD.
- There is a gap between the availability and perceived usefulness of shared decision making tools and community oriented referral guides.
- Future initiatives should aim to:
  - Address the found resource gaps.
  - Search for more resource gaps.

### References:

1. Pingitore D, Sansone RA. Using DSM-IV primary care version: a guide to psychiatric diagnosis in primary care. *American Family Physician*. 1998 Oct;58(6):1347-52.
2. Gonzalez J, Williams JW, Noël PH, Lee S. Adherence to mental health treatment in a primary care clinic. *The Journal of the American Board of Family Practice*. 2005 Mar 1;18(2):87-96.

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Figure 6. Word Cloud